



WICHITA AND AFFILIATED TRIBES  
EDUCATION SERVICES DEPARTMENT  
ADULT EDUCATION PROGRAM

P.O. Box 729, Anadarko, OK 73005  
Phone: (405) 247-8612 - Fax: (405) 247-2430  
www.wichitatribe.com

## ADULT EDUCATION CHECKLIST

You must complete the application as thorough as possible and submit all required documents as listed below before your application will be considered for funding. Failure to provide required documentation will cause your file to become inactive. **It is your responsibility to make sure ALL documentation for your application is complete.**

**Please read over the checklist provided to see if you meet the qualifications for assistance.**

- I have thoroughly completed the application (Page: 1).
- I have a proof of address. (Mail, Bill, Lease, Mortgage, etc.) **Please bring in documentation.**
- I have my HS Diploma **or** GED/TABE Certificate **or** College Transcript(s) from last school attended. **Please provide copy.**
- I am at least 18 years old, have a *1) current photo ID, 2) social security card and 3) birth certificate.* **Please provide copies of each.**
- I am an enrolled member of the Wichita and Affiliated Tribes and have Verification of Wichita Tribal Enrollment (Identification card or letter). **Please provide copy.**
- Letter of Intent: A paragraph written by you, signed and dated, typed or handwritten, explaining your current circumstances, why you need funding and what it will be used for. You can email this to: [educationservices@wichitatribe.com](mailto:educationservices@wichitatribe.com). You may also use the letter template provided (Page: 2).
- I am enrolled in an accredited Vocational Training/Technology Center and have can provide verification of school enrollment (acceptance letter from school). **Please provide copy.**

**\*\*The Education Department will process application within 5 days from receipt of completed application**

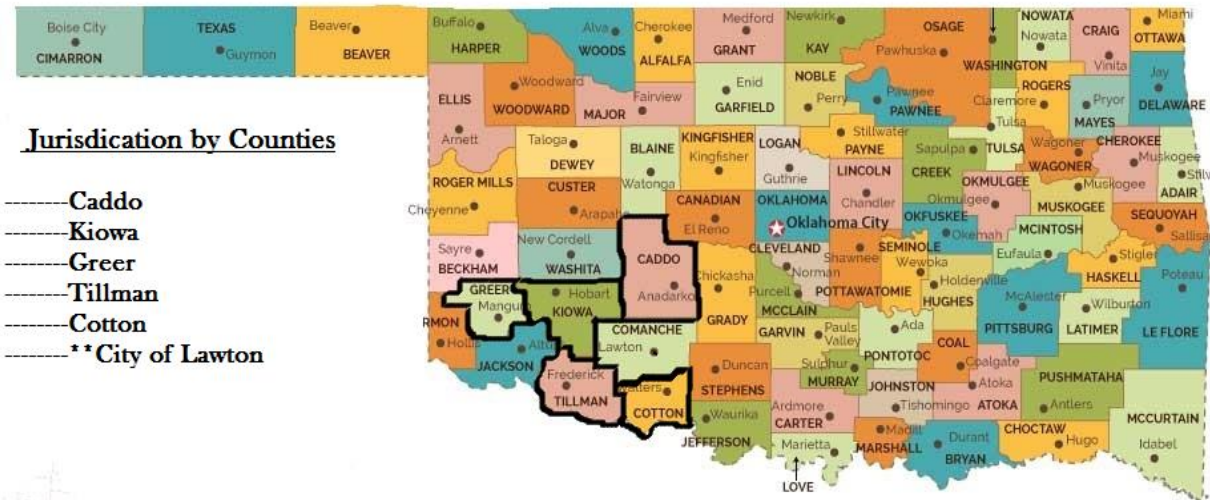
**If further explanation is needed, please contact the Education Department  
@ Phone #: (405) 247-8612 or email: [educationservices@wichitatribe.com](mailto:educationservices@wichitatribe.com)**



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## Adult Education Jurisdiction Map



**\*\*If you do not live in the jurisdictional area, please contact the office to inquire about other programs that can assist you in your area.**



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Adult Education Program  
Application

**CLIENT INFORMATION**

FOR STAFF USE: Date Received: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_/\_\_\_/\_\_\_ Contact# :(\_\_\_)-\_\_\_-\_\_\_ Email: \_\_\_\_\_  
 Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated SSN: \_\_\_-\_\_\_-\_\_\_ Gender: \_\_\_\_\_  
 Number of Dependents: \_\_\_\_\_ Is Child Care Needed? Y N Is Transportation Needed? Y N  
 Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Veteran (Check one): Y N Do you have a disability of 10% or more? (Check one): Y N  
 \*If you are a Veteran, please provide copy of DD214/Military Verification and VA Benefit Summary Letter

**EDUCATION INFORMATION**

**Highest Grade Completed (Check one):** HS Vocational Training AA/AS BA/BS MA/MS PHD/MD/JD  
 Name of High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree Received: \_\_\_\_\_  
 Name of College/University: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree Received: \_\_\_\_\_  
 Name of College/University: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree Received: \_\_\_\_\_

**Type of Training you are interested in?(Check One)**  
 \_\_\_ Test Preparation (GED/ABE) \_\_\_ Basic Education Courses \_\_\_ Employment Enrichment \_\_\_ Self-Improvement  
 Name of Training Facility or Employer: \_\_\_\_\_  
 Course Title: \_\_\_\_\_ Length of Course: \_\_\_\_\_  
 Begin Date of Course or Training: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_

**EMPLOYMENT**

**Check One:**  
 \_\_\_ Employed: Job Title: \_\_\_\_\_ Employer Name: \_\_\_\_\_  
 Current Wages: \_\_\_\_\_ Period of Employment: \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_ Unemployed: Who was your last employer? \_\_\_\_\_

I certify the above is correct: Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ First Time Applicant \_\_\_ Repeat Applicant Month/Year Services were received: \_\_\_/\_\_\_



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**LETTER OF INTENT**

A paragraph written by the student, signed and dated, typed or handwritten, **what your plan of study is, why you need funding and what it will be used for.**

Lined area for writing the Letter of Intent, consisting of 18 horizontal lines.

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_